FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D,** SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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16.00 hours per response:



SEC USE ONLY							
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- ',	nent and name has changed, and indicate change.)	
Goldman Sachs Hedge Fund Partners Ins	titutional, Ltd.: Shares	
Filing Under (Check box(es) that apply):	Rule 504 □ Rule 505 ☑ Rule 506	Section 4(6) ULQE
Type of Filing: New Filing Amendr		টুলোল
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the iss	uer	. אחוז ל די אוייו.
Name of Issuer (check if this is an amenda	nent and name has changed, and indicate change.)	
Goldman Sachs Hedge Fund Partners Ins	titutional, Ltd.	Washington, DC
	lumber and Street, City, State, Zip Code)	Telephone Number (including Arel (1)
c/o Goldman Sachs Hedge Fund Strategie	es LLC, One New York Plaza, New York, NY	(212) 902-1000
10004	· · · · · · · · · · · · · · · · · · ·	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
	PROCESSI	
Brief Description of Business	I KOCLOOL	
To operate as a private investment fund.	JUN 19200	$_{f g}{\cal P}_{f c}$
	JUN 1 3 200	<u> </u>
Type of Business Organization	THOMPON DEL	TEDC
☐ corporation	☐ limited partnership, althomson REU	
☐ business trust	☐ limited partnership, to be formed	Exempted Limited Company
	Month Year	
Actual or Estimated Date of Incorporation or O	rganization: 0 1 0 3	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbrevia	tion for
. 3	State: CN for Canada; FN for other foreign ju	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following.
* Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Hedge Fund Strategies LLC (the Issuer's Investment Manager)
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, NY 10004
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Stichting Bedrijfstakpensioenfonds -Bouwnijverheid
Business or Residence Address (Number and Street, City, State, Zip Code)
Basisweg 10, Amsterdam 1043 AP Netherlands
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Metropolitan Life Insurance Sep. Account 423
Business or Residence Address (Number and Street, City, State, Zip Code)
One MetLife Plaza, 27-01 Queens Plaza North, Long Island City, New York, New York 11101
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Mellon Trust of New England, N.A. as Trustee for the Ahold USA, Inc. Pension Plan Master Trust
Business or Residence Address (Number and Street, City, State, Zip Code)
Attn: C.J. Abati, 135 Santilli Highway, Everett, MA 02149
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer and the Issuer's Investment Manager Managing Partner
Full Name (Last name first, if individual)
Asali, Omar
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer and the Issuer's Investment Manager Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director* ☐ General and/or *of the Issuer and the Issuer's Investment Manager Managing Partner
Full Name (Last name first, if individual)
Ort, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Goldman Sachs Hedge Fund Strategies LLC, One New York Plaza, New York, New York 10004
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

			_	B. IN	FORMAT	ION ABO	OUT OFF	ERING				
								•			Yes	No
1. Has th	ne issuer solo	d, or does th								••••••		\square
			A	Answer also	in Appendi	ix, Column	2, if filing	inder ULOF	€.			
2. What is the minimum investment that will be accepted from any individual?									\$1,000,000*			
	npany at its the offering							• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	Yes ☑	No
comm If a pe or stat	the informatission or single troop to be less, list the name or dealer,	nilar remuni isted is an a name of the	eration for s ssociated pe broker or de	solicitation erson or age ealer. If me	of purchase int of a brok ore than five	rs in conne er or dealer (5) person	ction with s registered s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full Name	e (Last name	first, if ind	ividual)									
Goldman	, Sachs & C	Co.										
	or Residence		Number and	Street, City	y, State, Zip	Code)				·		
85 Broad	Street, Nev	v York, Ne	w York 100	04								
Name of A	Associated E	Broker or De	ealer									
						<u>.</u>						
	Which Perso 'All States"						.,		************		🗹 Al	l States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	ividual)									
								··				
Business	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
N	A 1 F	l D.	.1									
Name of A	Associated E	sroker or De	aler									
States in \	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Check "	All States"	or check ind	lividual Stat	es)	•••••						🗆 Al	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
ruli Name	e (Last name	: nrst, it ind	ividuai)									
Rusinges	or Residence	Address ()	Jumber and	Street City	y State 7in	(Code)				<u>-</u>		
Dusiness	or Residence	Addicss (1	vamoer and	Sheet, Ch	y, State, Zip	Code						
Name of A	Associated E	roker or De	aler									
	Which Perso 'All States"											All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[V]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN] [TX] [UT] [V] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price			Amount Already Sold
	Debt	\$_	0	\$;	0
	Equity (Shares)	\$	552,197,349	\$:	552,197,349
	☑ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$_	0	S	·	0
	Partnership Interests	\$_	0	\$;	0
	Other (Specify)			\$		0
	Total			\$;	552,197,349
	Answer also in Appendix, Column 3, if filing under ULOE.				_	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors	_	287	\$	·	552,197,349
	Non-accredited Investors	_	0	\$	<u> </u>	0
	Total (for filings under Rule 504 only)	_	N/A	\$	·	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		T 6			D. II.
	Type of offering		Type of Security			Dollar Amount Sold
	Rule 505		N/A	5	;	N/A
	Regulation A		N/A	\$	3	N/A
	Rule 504	_	N/A	9	· _	N/A
	Total		N/A	5	;	N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$	·	0
	Printing and Engraving Costs			5	·	0
	Lcgal Fees		Ø	5	<u> </u>	167,281
	Accounting Fees			\$	<u> </u>	0
	Engineering Fees			5	<u> </u>	0
	Sales Commissions (specify finders' fees separately)		0	5	<u> </u>	0
	Other Expenses (identify):		G	5	<u> </u>	0
	Total		Ø	9	<u> </u>	167,281

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EX	KPENS	SES A	AND USE OF P	ROCE	EDS	
	 Enter the difference between the aggreg Question 1 and total expenses furnished difference is the "adjusted gross proceeds to 	in response to Part C - Question 4	I.a. Th	is		\$_		552,030,068
5.	Indicate below the amount of the adjusted to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted gro to Part C - Question 4.b. above.	If the amount for any purpose is no the left of the estimate. The tot	ot know: al of th	n, 1e				
					Payments to Officers, Directors, & Affiliates			Payments To Others
	Salaries and Fees		🗖	\$_	0	_ 0	\$ _	0
	Purchase of real estate	•••••••••••••••••••••••••••••••••••••••	🗖	\$_	0		\$_	0
	Purchase, rental or leasing and installation of	of machinery and equipment	🗆	\$_	0		\$_	0
	Construction or leasing of plant buildings as	nd facilities	🗖	\$_	0		\$_	0
	Acquisition of other businesses (including this offering that may be used in exchan another issuer pursuant to a merger)	ge for the assets or securities of		\$	0	0	\$	0
	Repayment of indebtedness		🗆	\$	0		\$	0
	Working capital			\$	0		\$	0
	Other (specify): Investment Capital			\$ \$	-	- — ☑	\$ - \$	552,030,068
	Column Totals			\$_	0	Ø	\$_	552,030,068
	Total Payments Listed (column totals added)			☑ \$	552,	030,00	58
		D. FEDERAL SIGNAT	URE					
f	he issuer has duly caused this notice to be ollowing signature constitutes an undertaking fits staff, the information furnished by the iss	by the issuer to furnish to the U.S.	Securit	ies an	d Exchange Comr	nission,	upon	r Rule 505, the written request
Go	ner (Print or Type) Idman Sachs Hedge Fund Partners titutional, Ltd.	Signature	~		Date June 16, 2008	3	•	
Na	ne of Signer (Print or Type)	Title of Signer (rint or Type)						
Ka	thryn Pruess	Vice President of the Issuer's Inve	estment	Man	ager			j

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

END